RIB LAKE HEALTH CARE CENTER

650 PEARL ST

RIB LAKE	54470	Phone: (715) 427-5291	Corporation		
Operated from	1/1 To 12/31	Days of Operation:	366	Highest Level License:	Skilled
Operate in Con	junction with 1	Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds	Set Up and Sta	affed (12/31/04):	75	Title 18 (Medicare) Certified?	Yes
Total Licensed	Bed Capacity	(12/31/04):	75	Title 19 (Medicaid) Certified?	Yes
Number of Resid	dents on 12/31	/04:	67	Average Daily Census:	64

Services Provided to Non-Residents		Age, Gender, and Primary Di	2/31/04)	Length of Stay (12/31/04) %				
Home Health Care	Primary Diagnosis	% Age Groups		%	Less Than 1 Year	34.3		
Supp. Home Care-Personal Care No						1 - 4 Years	38.8	
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65 3.0		More Than 4 Years	26.9	
Day Services Yes		Mental Illness (Org./Psy)	28.4	65 - 74	10.4			
Respite Care Ye		Mental Illness (Other)	10.4	75 - 84	34.3		100.0	
Adult Day Care Yes		Alcohol & Other Drug Abuse	0.0	85 - 94	47.8	********	*****	
Adult Day Health Care No		Para-, Quadra-, Hemiplegic	0.0	95 & Over	4.5	Full-Time Equivalent		
Congregate Meals No		Cancer	1.5			Nursing Staff per 100 Residents		
Home Delivered Meals Yes		Fractures	1.5		100.0	(12/31/04)		
Other Meals No		Cardiovascular	17.9	65 & Over	97.0			
Transportation	No	Cerebrovascular	13.4			RNs	14.5	
Referral Service	No	Diabetes	11.9	Gender	용	LPNs	5.2	
Other Services No		Respiratory	espiratory 6.0					
Provide Day Programming for		Other Medical Conditions	9.0	Male	28.4	Aides, & Orderlies	32.7	
Mentally Ill	No			Female	71.6			
Provide Day Programming for			100.0					
Developmentally Disabled	No				100.0			
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Method of Reimbursement

		edicare itle 18			edicaid itle 19			Other			Private Pay	2		amily Care]	Managed Care	l		
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	Of
Int. Skilled Care	0	0.0	0	 6	12.2	128	1	100.0	140	0	0.0	0	0	0.0	0	0	0.0	0	7	10.4
Skilled Care	4	100.0	201	41	83.7	111	0	0.0	0	11	100.0	153	0	0.0	0	2	100.0	211	58	86.6
Intermediate				2	4.1	94	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	2	3.0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	4	100.0		49	100.0		1	100.0		11	100.0		0	0.0		2	100.0		67	100.0

RIB LAKE HEALTH CARE CENTER

Admissions, Discharges, and		Percent Distribution	of Residents'	Condit	ions, Services, an	d Activities as of 12/	31/04
Deaths During Reporting Period							
					% Needing		Total
Percent Admissions from:		Activities of	%	As	sistance of	% Totally	Number of
Private Home/No Home Health	28.6	Daily Living (ADL)	Independent	One	e Or Two Staff	Dependent	Residents
Private Home/With Home Health	15.9	Bathing	7.5		53.7	38.8	67
Other Nursing Homes	0.0	Dressing	25.4		71.6	3.0	67
Acute Care Hospitals	52.4	Transferring	32.8		62.7	4.5	67
Psych. HospMR/DD Facilities	0.0	Toilet Use	32.8		62.7	4.5	67
Rehabilitation Hospitals	0.0	Eating	58.2		35.8	6.0	67
Other Locations	3.2	******	******	*****	******	******	*****
Total Number of Admissions	63	Continence		8	Special Treatmen	ts	%
Percent Discharges To:		Indwelling Or Extern	al Catheter	4.5	Receiving Resp	iratory Care	6.0
Private Home/No Home Health	29.2	Occ/Freq. Incontinen	t of Bladder	41.8	Receiving Trac	heostomy Care	0.0
Private Home/With Home Health	27.7	Occ/Freq. Incontinen	t of Bowel	29.9	Receiving Suct	ioning	0.0
Other Nursing Homes	6.2	į			Receiving Osto	my Care	1.5
Acute Care Hospitals	9.2	Mobility			Receiving Tube	_	4.5
Psych. HospMR/DD Facilities	0.0	Physically Restraine	d	0.0	Receiving Mech	anically Altered Diets	28.4
Rehabilitation Hospitals	0.0	İ			3	-	
Other Locations	1.5	Skin Care			Other Resident C	haracteristics	
Deaths	26.2	With Pressure Sores		1.5	Have Advance D	irectives	86.6
Total Number of Discharges		With Rashes		3.0	Medications		
(Including Deaths)	65				Receiving Psyc	hoactive Drugs	68.7

Selected Statistics: This Facility Compared to All Similar Rural Area Facilities & Compared to All Facilities

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	Ownership:			Bed	Size:	Lic	ensure:		
	This	This Proprietary			-99	Ski	lled	Al	1
	85.3 8 73.1 7 23.8 1 98.4 15 101.6 15 57.8 7 97.0 9 97.0 9 73.1 7 16.4 1	Peer	Group	Peer	Group	Peer	Group	Facilities	
	%	%	Ratio	8	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	85.3	81.9	1.04	85.5	1.00	85.9	0.99	88.8	0.96
Current Residents from In-County		72.8	1.00	71.5	1.02	75.1	0.97	77.4	0.94
Admissions from In-County, Still Residing	23.8	18.7	1.28	20.7	1.15	20.5	1.16	19.4	1.23
Admissions/Average Daily Census	98.4	151.4	0.65	125.2	0.79	132.0	0.75	146.5	0.67
Discharges/Average Daily Census	101.6	151.2	0.67	123.1	0.83	131.4	0.77	148.0	0.69
Discharges To Private Residence/Average Daily Census	57.8	74.0	0.78	55.7	1.04	61.0	0.95	66.9	0.86
Residents Receiving Skilled Care	97.0	95.3	1.02	95.8	1.01	95.8	1.01	89.9	1.08
Residents Aged 65 and Older	97.0	94.3	1.03	93.1	1.04	93.2	1.04	87.9	1.10
Title 19 (Medicaid) Funded Residents	73.1	71.9	1.02	69.1	1.06	70.0	1.04	66.1	1.11
Private Pay Funded Residents	16.4	16.7	0.98	20.2	0.81	18.5	0.89	20.6	0.80
Developmentally Disabled Residents	0.0	0.6	0.00	0.5	0.00	0.6	0.00	6.0	0.00
Mentally Ill Residents	38.8	29.5	1.31	38.6	1.01	36.6	1.06	33.6	1.15
General Medical Service Residents	9.0	23.5	0.38	18.9	0.47	19.7	0.45	21.1	0.43
Impaired ADL (Mean)	40.0	46.4	0.86	46.2	0.87	47.6	0.84	49.4	0.81
Psychological Problems	68.7	54.5	1.26	59.0	1.16	57.1	1.20	57.7	1.19
Nursing Care Required (Mean)	5.6	7.4	0.76	7.0	0.80	7.3	0.77	7.4	0.75